

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HA1081010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED NOV 3 08/20/2015
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STREET ADDRESS, CITY, STATE, ZIP CODE

125 HENDERSON CIRCLE  
FOREST CITY, NC 28043

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments	C 000		
	<p>Report of a Biennial Construction Survey by Billy S. Bryant and Dennis Harrell conducted on 08/20/2015.</p> <p>Records indicate this facility was first licensed or submitted for licensure on 06/26/1992 as a HA. The facility is currently licensed for 86 Beds. Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and applicable portions of the 1991 (1992 Revision) Edition of the North Carolina Building Code(s), Institutional Occupancy and the 1991 Rules for Licensing of Adult Care Homes of Seven or More Beds in effect at the time of initial licensure.</p>			
C 111	<p>Must Have Current San. &amp; Fire Safety Reports</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION</p> <p>f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.</p> <p>This Rule is not met as evidenced by: 1. Based on interviews with the staff and observation, the facility does not have all the required current (within the past calendar year) inspection reports. Current inspection reports are required to help assess the condition and the status of the facility's life safety systems and code compliance.</p> <p>A. Findings on 08/20/2015: 1. There was <u>not a current fire marshal's</u> inspection report available for review.</p>	C 111	<p>9/30/15 WE HAVE MARSHAL'S INSPECTION THIS TIME.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

## RESULTS

DATE

STATE FORM 100-101 (1-78)

0.0000

H5321

If continuation sheet 1 of 7

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL081010</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/20/2015</b>
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NAME OF PROVIDER OR SUPPLIER

**HENDERSON CARE CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

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C 111	Continued From page 1  2. There was not a current fire alarm system inspection report available for review.	C 111	<i>WE NOW HAVE A CURRENT Report READY.</i>	<i>8/20/15</i>
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing — facilities.  This Rule is not met as evidenced by: I. The facility has failed to maintain the walls and ceilings in good repair as evidenced but not limited to the specific examples cited in the findings. Walls and ceilings kept in good repair contribute to a positive living and working environment for the occupants of the facility.  A. Findings on 08/20/2015: 1. "C" Hall, Laundry - The ceiling in the closet is covered with <u>mold growth</u> . 2. "C" Hall, Room C-106, Resident Bathroom - The <u>wall is damaged</u> . 3. "C" Hall, Women's Bath, Across from Room #103 - <u>The ceramic wall tile is damaged</u> . 4. "C" Hall, Employee's Restroom - There is a <u>hole in the wall behind the door</u> .  II. The facility has failed to maintain furnishings in	C 164	<i>Hole had BEEN REPAIRED &amp; MOULD KILLED. C-106 BATHROOM HAS BEEN REPAIRED &amp; PAINTED. TILE HAS BEEN REPLACED. HOLE IS REPAIRED,</i>	<i>9/29/15 9/25/15 10/14/15</i>

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C 164	Continued From page 2  good repair as evidenced but not limited to the specific examples cited in the findings. Furniture kept in good repair contributes to a positive living and working environment for the occupants of the facility.  A. Findings on 08/20/2015: 1. "C" Hall, Room C-106 a. The <u>dresser drawers</u> in the room are damaged and cannot be closed.  b. <u>Resident Bathroom</u> - The <u>toilet paper holder</u> is damaged.  2. "C" Hall, Women's Bath, Across from Room #103 - The <u>towel racks</u> have been removed from the walls.  3. "C" Hall, Men's Bath - The <u>towel racks</u> have been <u>removed</u> from the walls.  4. Telephone Station - The <u>plastic laminate</u> finish on the counter top is damaged.  5. Reception Area - The <u>half door</u> to the reception area is <u>damaged</u> and the <u>hinges</u> are loose.	C 164	① Dresser drawers have been repaired or replaced. 10/24/15 ② HOLDER HAS BEEN REPLACED. 9/28/15 2③ RACKS HAS BEEN REPLACED. 9/28/15 ③ RACKS BEEN REPLACED. 9/28/15 ④ COUNTER TOP HAS BEEN REPAIRED. 10/12/15 ⑤ RECEPTION/NURSE'S station door HAS BEEN REPLACED with NEW ONE. 11/3/15	
C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.	C 166		

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C 166	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by:</p> <p>I. Based on observation there is a failure to maintain the facility free from hazards as evidenced but not limited to the specific examples cited in the findings. Fire resistant rated ceilings must be free from openings and penetrations in order to resist the spread of fire and smoke in the event of a fire. Penetrations or holes in fire resistant rated ceilings could effect the occupants of the facility by allowing fire and smoke to spread beyond the area of origin.</p> <p>A. Findings from 08/20/2015:</p> <p>1. "C" Hall, Room C-102, Resident Bathroom - There is a gap in the fire resistant rated ceiling at the sprinkler head escutcheon.</p> <p>2. Kitchen Restroom - There is a gap in the fire resistant rated ceiling at the sprinkler head escutcheon.</p> <p>II. Based on observation there is a failure to maintain the facility free from hazards. Doors are required to completely close and latch in order to resist the passage of smoke in the event of a fire. All the occupants in the facility could be effected if doors do not latch and remain shut when closed so as to limit the spread of smoke to the area of origin.</p> <p>A. Findings from 08/20/2015:</p> <p>1. "A" Hall - The cross corridor doors' hardware requires adjustment so that doors will latch and remain shut when closed.</p> <p>2. "C" Hall - The doors from the laundry to the corridor have damaged hardware and did not latch and remain shut when closed.</p>	C 166	<p>There is no opening in ceiling now. Gaps has been sealed.</p> <p>All fire door has been repaired and test made on each of doors</p>	<p>10/28/15</p> <p>10/28/15</p>

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NAME OF PROVIDER OR SUPPLIER  HENDERSON CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 125 HENDERSON CIRCLE FOREST CITY, NC 28043		
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C 189	Continued From page 4	C 189			
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS</p> <p>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.</p> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>I. The facility failed to keep fire safety equipment maintained in an operating condition. Fire safety equipment could effect all occupants of the facility if the equipment did not function as required in the event of a fire.</p> <p>A. Finding on 08/20/2015:</p> <p>1. The <u>accelerator</u> installed for the <u>fire sprinkler</u> system is disabled and is not in service. Flow test times shown on the inspection tags were in excess of 1 minute.</p> <p>II. The facility failed to keep electrical life safety equipment maintained in an operating condition. Life safety equipment could effect all occupants of the facility if the equipment did not function as required.</p> <p>Findings on 08/20/2015:</p> <p>1. Kitchen - The illuminated directional <u>exit sign</u> at the <u>rear exit door</u> is not working.</p> <p>2. "C" Hall - The illuminated directional <u>exit sign</u> in the hall adjacent to the door that <u>enters into the kitchen</u> is not working.</p>	<p>C 189</p> <p>1</p> <p>2</p>	<p>A NEW ACCELERATOR WAS INSTALLED. 10/1/15</p> <p>SIGN HAS BEEN REPLACED. 10/7/15</p> <p>BATTERY REPLACED. 10/7/15</p>		

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C 189	Continued From page 5  3. <u>Exit from Dining Room to Porch - The illuminated directional exit sign is not working.</u>  4. <u>"B" Hall - The test button for the wall mounted emergency light between rooms 104 and 106 is broken.</u>  III. The facility failed to maintain electrical equipment in a safe and operating condition. Electrical equipment that is not maintained in operating or safe condition could be a hazard to an occupant using the equipment  A. Findings from 08/20/2015:  1. <u>"B" Hall, Room 113 - The cover plate for the electrical wall outlet is missing.</u> Note: Corrected on site.  2. <u>Exterior Water Heater Room - The electrical power wiring for the recirculation pump is exposed.</u>  3. <u>Exterior Water Heater Room - The electrical panels are obstructed and do not have the required 36" clearance for access.</u>  4. <u>"C" Hall - The GFCI electrical outlet in the unisex bathroom nearest to the kitchen is not energized.</u>	C 189  ③  ④         ①  ②  ③  ④	Light is working, just hard to see in day light.  Installed new Light.         Cover plate replaced.  Cover has been put back on.  All panels have a 36" access  GFI replaced with new one.	10/7/15  10/7/15         10/7/15  10/7/15  11/5/15  11/5/15
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of	C 199		

of Health Service Regulation

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AND OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

HAL081010

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING:

(X3) DATE SURVEY  
COMPLETED

08/20/2015

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C 199	<p>Continued From page 6</p> <p>two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>I. There is a failure to provide the required mechanical exhaust as evidenced but not limited to the examples cited in the findings. Failure to exhaust air from designated areas could effect the occupants of the facility by not removing odors, fumes or airborne contaminants from the facility.</p> <p>A. Finding on 08/20/2015:</p> <p>1. "B" Hall, Room 118 - The resident bathroom exhaust fan is not working.</p>	C 199	<p>① FAN HAS BEEN REPLACED.</p>	10/28/15